Please type a plus sign (+) inside this box	Please	type a	plus	sian (	+) inside	this box	+
---	--------	--------	------	--------	-----------	----------	---

PTO/SB/81 )02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond

are repetition for or 1999, no persons are required to res	Application Number	PCT/FI2004/000345
	Filing Date	7 June 2004
	First Named Inventor	Juha Lipponen
POWER OF ATTORNEY OR	Title	Method and Apparatus
AUTHORIZATION OF AGENT	Group Art Unit	Metrod and Apparatus
	Examiner Name	
	Attorney Docket Number	
I hereby appoint:  Practitioners at Customer Number  OR Practitioner(s) named below:	36528	<b></b>
Name	Registration N	lumber
as my/our attorney(s) or agent(s) to prosecute the	application identified above	and to transact all business in
the United States Patent and Trademark Office co	onnected therewith.	s, and to transact an business in
P		-
Please change the correspondence address for the Description of the Above-mentioned Custom OR  Practitioner(s) named below:  OR	er Number.	ons to:
Firm or Individual Name		
Address		
Address City	State	Zip
Country	State	
Telephone	Fax	
I am the:  ☑ Applicant/Inventor		
Assignee of record of the entire interest.	See 37 CFR 3 71	
Statement under 37 CFR 3.71(b) is enclo		
	plicant or Assignee of Recor	d
Name Julia Lipponen		
Date 2nn october 200	56	
NOTE: Signatures of all the inventors or assignees of record of	of the entire interest or their represe	ntative(s) are required. Submit
multiple forms if more than one signature is required, see belo	w*.	
*Total of forms are submitted.		

case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a	a plus sign (4	) inside this box	+

POWER OF ATTORNEY OR

PTO/SB/81 )02-01) Approved for use through 10/31/2002. OMB 0651-0035

7 June 2004

Juha Lipponen

PCT/FI2004/000345

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Application Number** 

**First Named Inventor** 

Filing Date

<b>AUTHORIZATION OF AGENT</b>	Title	Method and Apparatus
7.6111611.2711611.617.62111	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	
	Accomed Device Hamber	
I hereby appoint:		
Practitioners at Customer Number	36528	<b></b>
OR Practitioner(s) named below:		
Name	Registration	Number
	<del></del>	
as my/our attorney(s) or agent(s) to prosecute the	application identified above	re, and to transact all business in
the United States Patent and Trademark Office co	onnected therewith.	
Please change the correspondence address for the		ions to:
The above-mentioned Custome OR	er Number.	
Practitioner(s) named below:		
OR		
Firm or		
Individual Name		
Address Address		
City	State	Zip
Country		
Telephone	Fax	
I am the:		
Assignee of record of the entire interest.		
Statement under 37 CFR 3.71(b) is enclo		
	plicant or Assignee of Reco	ord
Name Pekka Pakarinen Signature \\\'\'\'\'\'\'\\\\\\\\\\\\\\\\\\\\\\\	<del></del>	
Date 28, 10.2005		
NOTE: Signatures of all the inventors or assignees of record of		sentative(s) are required. Submit
multiple forms if more than one signature is required, see belo	·w <sup>a</sup> .	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	+

PCT/FI2004/000345

PTO/SB/81 )02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Application Number** 

	Filing Date	7 June 2004
POWER OF ATTORNEY OR	First Named Inventor	Juha Lipponen
AUTHORIZATION OF AGENT	Title	Method and Apparatus
ACTIONIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	r
I hereby appoint:		
Practitioners at Customer Number :	36528 -	<b>—</b>
Practitioner(s) named below:		
Name	Registration	n Number
as my/our attorney(s) or agent(s) to prosecute the	application identified she	ove, and to transact all business in
the United States Patent and Trademark Office of	onnected therewith.	ovo, and to transact all busiless in
		** ** ** ** ** ** ** ** ** ** ** ** **
Please change the correspondence address for the	ne above-identified applica	ations to:
☐ The above-mentioned Custome		
OR		
Practitioner(s) named below:		<b>&gt;</b>
OR Firm or		
Firm <i>or</i> Individual Name		
Address		
Address		
City	State	Zip
Country Telephone	Face	
I am the:	Fax	
☐ Applicant/Inventor		
Assignee of record of the entire interest.		
Statement under 37 CFR 3.71(b) is enclo	<i>sea. (Form PTO/SB/96).</i> plicant or Assignee of Re	cord
Name Juha Pakarinen	plicatit of Assignee of Ke	COIG
Signature who Pakerine		
Date 28th October 2005		
NOTE: Signatures of all the inventors or assignees of record of	of the entire interest or their repr	esentative(s) are required. Submit
multiple forms if more than one signature is required, see belo	·w⁻	
Burden Hour Statement: This form is estimated to take 3 minut	tes to complete. Time will you	depending upon the peads of the individual

case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S., patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please	type a	plus	sign	(+)	inside	this	box	+

PTO/SB/81 )02-01) Approved for use through 10/31/2002. OMB 0651-0035

er the Paperwork Reduction Act of 1995, no persons are required to res	U.S. Patent and Trademark O spond to a collection of information u	ffice; U.S. DEPARTMENT OF COMMERCE in less it contains a valid OMB control number.
	Application Number	PCT/FI2004/000345
	Filing Date	7 June 2004
POWER OF ATTORNEY OR	First Named Inventor	Juha Lipponen
AUTHORIZATION OF AGENT	Title	Method and Apparatus
ASTRONIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	
I hereby appoint:  Practitioners at Customer Number  OR Practitioner(s) named below:  Name	36528 Registration	Number
as my/our attorney(s) or agent(s) to prosecute the the United States Patent and Trademark Office co	e application identified abou	ve, and to transact all business in
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below:  OR  Firm or	ne above-identified applica er Number.	tions to:
Individual Name		
Address Address		
City Country	State	Zip
Telephone	Fax	
I am the:  ☑ Applicant/Inventor  ☐ Assignee of record of the entire interest.  Statement under 37 CFR 3.71(b) is enclose.		
SIGNATURE of Ap	plicant or Assignee of Reco	ord
Name Kari Holopainen Signature April 12 Mertine		
Date 2003 Storage	iO. 2005	
NOTE: Signatures of all the Inventors or assignees of record of multiple forms if more than one signature is required, see below	of the entire interest or their repres	sentative(s) are required. Submit
Purden Hour Statement This farm is estimated to take 3 minus		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type	a plus sign	(+) inside this box	

PTO/SB/81 )02-01)

Approved for use through 10/31/2002. OMB 0651-0035

7 June 2004

PCT/FI2004/000345

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Filing Date** 

**Application Number** 

POWER OF ATTORNEY OR	First Named Inventor	Juha Lipponen
AUTHORIZATION OF AGENT	Title	Method and Apparatus
ACTIONIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	
I hereby appoint:		
Practitioners at Customer Number (	36528 —	
☐ Practitioner(s) named below:		
Name	Registration N	lumber
		<del></del>
as my/our attorney(s) or agent(s) to prosecute the	application identified above	e, and to transact all business in
the United States Patent and Trademark Office co	onnected therewith.	
F		
Please change the correspondence address for the		ons to:
OR	er Number.	
Practitioner(s) named below:		<b>—</b>
OR		
Firm or		
Individual Name Address	<del></del>	
Address		
City	State	Zip
Country		
Telephone I am the:	Fax	
Applicant/Inventor		
Assignee of record of the entire interest.		_
Statement under 37 CFR 3.71(b) is enclo	sea. (Form P10/SB/96).  Dicant or Assignee of Reco	rd
Name Juhani Vestola	Should of Lasignee of Ideout	
Signature Suhmi Vertals		
Date 128/10 - 2005		
NOTE: Signatures of all the inventors or assignees of record of multiple forms if more than one signature is required, see belo	f the entire interest or their represe w*.	entative(s) are required. Submit
_ ····································	** •	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

PTO/SB/81 )02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Un

er the Paperwork Reduction Act of 1995, no persons are required to res	pond to a conection of information	
	Application Number	PCT/FI2004/000345
	Filing Date	7 June 2004
POWER OF ATTORNEY OR	First Named Inventor	Juha Lipponen
AUTHORIZATION OF AGENT	Title	Method and Apparatus
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	
I hereby appoint:  ☐ Practitioners at Customer Number ☐  OR ☐ Practitioner(s) named below:	36528	
Name	Registration	Number
as my/our attorney(s) or agent(s) to prosecute the	application identified abo	ve. and to transact all business in
the Heisel Otatas Betant	annocted therewith	
the United States Patent and Trademark Office of	omecieu merewiti.	
Please change the correspondence address for the above-mentioned Custom	ne above-identified applica	ations to:
Please change the correspondence address for the above-mentioned Custom OR	ne above-identified applica	ations to:
Please change the correspondence address for the The above-mentioned Custom OR  Practitioner(s) named below:	ne above-identified applica	ations to:
Please change the correspondence address for the above-mentioned Custom  OR  Practitioner(s) named below:  OR  Firm or	ne above-identified applica	ations to:
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name	ne above-identified applica	ations to:
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address	ne above-identified applica	ations to:
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Prim or Individual Name  Address Address	he above-identified applica er Number.	<b>→</b>
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Individual Name Address	ne above-identified applica	zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country Telephone	he above-identified applica er Number.	<b>→</b>
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country	he above-identified applica er Number.  State	<b>→</b>
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country Telephone	he above-identified applica er Number.  State	<b>→</b>
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest.	he above-identified applicater Number.  State  Fax  See 37 CFR 3.71	<b>→</b>
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is encice	he above-identified applicater Number.  State  Fax  See 37 CFR 3.71  ssed. (Form PTO/SB/96).	Zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below: OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is encice	he above-identified applicater Number.  State  Fax  See 37 CFR 3.71	Zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below:  OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is enclosed SIGNATURE of Applicanture  Name Arto Tuomi Signature	he above-identified applicater Number.  State  Fax  See 37 CFR 3.71  ssed. (Form PTO/SB/96).	Zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below:  OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is enclosed SIGNATURE of Applicanture  Name Arto Tuomi Signature  Date  O1. 12. 2005	he above-identified applicater Number.  State Fax  See 37 CFR 3.71  osed. (Form PTO/SB/96).  plicant or Assignee of Recommendation	Zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below:  OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is enclosed SIGNATURE of Applicanture  Name Arto Tuomi Signature  O1. 12. 2005  NOTE: Signatures of all the inventors or assignees of record of the entire interest.	he above-identified applicater Number.  State Fax  See 37 CFR 3.71  Sed. (Form PTO/SB/96).  plicant or Assignee of Recomptions of the entire interest or their representations.	Zip
Please change the correspondence address for the above-mentioned Custom OR  Practitioner(s) named below:  OR  Firm or Individual Name  Address Address City Country Telephone  I am the:  Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.71(b) is enclosed SIGNATURE of Applicanture  Name Arto Tuomi Signature  Date  O1.12.2005	State  See 37 CFR 3.71 See (Form PTO/SB/96).  plicant or Assignee of Recome.	Zip  zord  esentative(s) are required. Submit

patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

## In The United States Patent And Trademark Office

Applicant: Lipponen et al.

Date: December 28, 2005

App. No.: 10/559,598

Docket FORSAL-108

For:

Method and Apparatus in the Surface Sizing of a Paper or Board Web

## **Certificate of Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

December 28, 2005

Date

Signature

Stiennon, Reg. No. 34934 Name of applicant, assignee or Registered Representative

Notice of Inventors' New Address

Mail Stop PCT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir or Madam:

Please note the following inventors' new addresses:

Name:

Juha Lipponen

City/Residence:

Järvenpää

Mailing Address:

Röynänkatu 2

Zip:

FI-04400

Name:

Juha Pakarinen

City/Residence:

Jyväskylä

Mailing Address:

Kauppakatu 7 C 26

Zip:

FI-40100

Respectfully Submitted

Patrick J.G. Stiennon, Reg. No. 34934

Attorney for Applicant

Stiennon & Stiennon

612 W. Main St., Suite 201, P.O. Box 1667

Madison, Wisconsin 53701-1667

(608) 250-4870